

APPENDIX A:

BIDDER APPLICATION FORMS

Each applicant should submit the following information:

- Organization Fact Sheet
- Assurances and Certifications forms
- Non-collusion Statement—Must include an authorized representative's signature and accompany each bid proposal.
- Project experience with appropriate Resumes of key personnel
- Project Cost Sheet (and supporting documentation)
- Project Deliverables and timelines
- Responses to Scope of Services and specific items/questions as identified in Section V, Scope of Services
- Tax Clearance Certificate—Provide a Tax Clearance Certificate obtainable through the Corporate Income Taxes Section, Delaware Division of Revenue, 820 North French Street, Wilmington, DE 19801. This clearance will assure that there are no outstanding tax liabilities for the corporation, business, association or individual with which the State of Delaware intends to do business.
- Professional Liability Insurance

Failure to provide this information seriously affects the ability of the review panel to evaluate the applicant's proposal and may be a factor in proposal rejections.

ORGANIZATION FACT SHEET

RFP Title: FACTS II Quality Assurance (QA)

Corporate Information	
Corporation Name:	
Home Office Address:	
Contact Person:	
Home Office Phone #:	
Fax Number:	
E-mail Address:	

Bidding Office Information (if different)	
Name:	
Address:	
Contact Person:	
Contact Phone #:	
Fax Number:	
E-mail address:	

Delaware Business License#:

Vendor EI#: _____ (Not required to bid but required
by signature of contract)

If you do not have a Delaware Business License, please attach a copy of your filed application.

PLEASE SIGN THIS AND SUBMIT WITH THE PROPOSAL

ASSURANCES

The bidder represents and certifies as a part of this offer that:

The organization will maintain records, documents, and other required evidence to adequately reflect services rendered under this contract.

The organization agrees to maintain or to make available at a location within the State, such records as are necessary or deemed necessary by the Department to fully disclose and substantiate the nature of services rendered to the Department, including all records necessary to verify the usual and customary charges for such items and services. Organizations that show cause may be exempted from maintaining records or from making such records available within the State.

The organization will maintain accurate accounts, books, documents, and other evidentiary, accounting, and fiscal records in accordance with established methods of accounting.

In the event that the Contract with the organization is terminated, the organization's records shall remain subject to the Department's regulations.

The organization will physically secure and safeguard all sensitive and confidential information related to services rendered.

The organization shall comply with the requirements for client confidentiality in accordance with 42 U.S.C. 290 and/or 290 cc-3.

The organization will cooperate with designated contract monitors, consultants, or auditors from the State of Delaware and/or the Department of Services for Children, Youth and Their Families in connection with reviewing services rendered under this contract.

The organization will not let subcontracts without prior approval from the DSCYF contract manager for this contract.

The organization will attempt to obtain all supplies and materials at the lowest practicable cost and to contain its total cost where possible by competitive bidding whenever feasible.

The organization will, upon signature of the contract, provide written assurance to the Department from its corporate counsel that the organization is qualified to do business in Delaware.

The organization agrees to comply with all requirements and provisions of the Civil Rights Act of 1964, the Rehabilitation Act of 1973, the Federal Equal Employment Opportunity and Non-Discrimination regulations, and any other federal, state, or local anti-discriminatory act, law, statute, regulation, or policy along with all amendments and revisions of these laws, in the performance of the contract. It will not discriminate against any applicant or employee

or service recipient because of race, creed or religion, age, sex, color, national or ethnic origin, handicap, or any other discriminatory basis or criteria.

The organization shall comply with the Drug Free Work Place Act of 1988.

The organization agrees that it is operating as an independent contractor and as such, it agrees to save and hold harmless the State from any liability which may arise as a result of the organization's negligence.

The organization will abide by the policies and procedures of the Department and will comply with all of the terms, conditions, and requirements as set forth in the contract. The organization understands that failure to comply with any of the terms, conditions, and provisions of the contract may result in delay, reduction, or denial of payment or in sanctions against the organization.

Name of Organization's Authorized Administrator

Signature of Authorized Administrator

Date

PLEASE SIGN THIS AND SUBMIT WITH THE PROPOSAL

CERTIFICATION, REPRESENTATION, AND ACKNOWLEDGEMENTS

By signing below, bidding contractors certify that:

- They are an established vendor in the services being procured
- They have the ability to fulfill all requirements specified for development within this RFP
- They have independently determined their prices
- They are accurately representing their type of business and affiliations
- They have included in their quotation all costs necessary for or incidental to their total performance under contract
- They are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal Department or agency

The following conditions are understood and agreed to:

- No charges, other than those shown in the proposal, are to be levied upon the State as a result of a contract.
- The State will have exclusive ownership of all products of this contract unless mutually agreed to in writing at the time a binding contract is executed.

Name of Organization's Authorized Administrator

Signature of Authorized Administrator

Date

NON-COLLUSION STATEMENT

This is to certify that the undersigned bidder has neither directly nor indirectly entered into an agreement, participated in any collusion, or otherwise taken any action in restraint of free competitive bidding in connection with this proposal submitted this date to the UCP Committee .

All terms and conditions of this Request for Proposal have been thoroughly examined and are understood.

NAME OF BIDDER:

AUTHORIZED REPRESENTATIVE:

Signature

Title

ADDRESS:

DATE:

PHONE NUMBER:

If successful, Purchase Order should be addressed as follows:

COMPANY NAME:

ADDRESS:

ATTENTION:

PHONE NUMBER:

FAX NUMBER:

E-MAIL ADDRESS:

PROJECT EXPERIENCE - Completed Projects

Please complete a separate form for each similar project on which your organization has worked. Submit only those projects that reflect experience by the local office submitting the bid. Work done in other areas of the country or world, unless done by people who now work out of the local office are not to be submitted. Our interest is in understanding the skill set of those who will be working directly with us.

I. Project Information:

Project Title _____
Start Date _____ End Date _____ Contract Amount _____
Contact Person _____ Contact Phone # _____
Corporation / Gov. or Agency Name: _____
Your Contract Manager's Name: _____

II. Type of Contract:

Governmental

Federal _____ State _____ Local _____ Non -Profit _____ Corporate _____
Were you the Primary Contractor? Yes/No _____ Subcontractor? Yes/No _____
What percent of the dollar value of the project were you directly responsible for completing? _____ %

If you were a Subcontractor:

Prime Contractor Name: _____
Contact Person _____ Contact Phone #: _____

III. Type of Work: (Check all that apply)

The bidder must provide three customer references for which work of the nature described in this RFP has been completed. Include the name, address, e-mail address and telephone and fax numbers of the contact person that has used similar services of the bidder.

Provide a list of all State of Delaware work within the past ten years.

- Basic information from this form may be confirmed. False information will be cause for the proposal to be disqualified.
- Please attach a one page summary of the contract Scope of Services for which your company was responsible.

Project personnel

- Attach a current resume and references for all proposed project personnel.
- Basic information from this form may be confirmed. False information will be cause for the proposal to be disqualified.

The Review Committee will examine all budget materials. Costs presented in the proposal will be considered as binding for successful applications. Documentation supporting all elements of the total bid cost should be included.

Supporting documentation of costs for each milestone.

Each organization is required to submit one copy of its last full fiscal year's tax filing or audit, and non-profits must also submit one copy of last year's I.R.S. Form 990.

Payment will be made upon agreement by DSCYF that a milestone has been reached.

Deliverable	Deliverable Due Date	Cost Per Deliverable
Total Cost		

The proposal must conform to the requirements of the Proposal Procedures and the Required Information Sections of the RFP. The State specifically reserves the right to waive any informalities or irregularities in the proposal format. Each proposal must be accompanied by a cover letter, which briefly summarizes the proposing firm's interest in providing the required professional services. The cover letter must also clearly state and justify any exceptions to the requirements of the RFP which the applicant may have taken in presenting the proposal. The State reserves the right to deny any and all exceptions taken to the RFP requirements and to amend or withdraw the RFP at any time.